AMENDMENTS TO THE CLAIMS

1-14. (**Canceled**)

15. (**Currently Amended**) A method for treating arthritis comprising administering by injection to a subject a fully human anti-TNFα antibody, or an antigen-binding portion thereof, in a low dose of ~~about~~ 0.01 - 0.1 mg/kg at a frequency of not more than once per week, such that the arthritis is treated as demonstrable by mean arthritic score, wherein the anti-TNFα antibody, or antigen-binding portion thereof, dissociates from human TNFα with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of 1×10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1×10^{-7} M or less, and wherein arthritis is treated by alleviating at least one symptom selected from the group consisting of joint distortion, swelling of the joints, joint deformation, and ankylosis on flexion.

16. (**Original**) The method of claim 15, wherein the arthritis is rheumatoid arthritis.

17. (**Previously Presented**) The method of claim 15 or 16, wherein arthritis is further treated by alleviating at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

18-20. (**Canceled**)

21. (**Currently Amended**) A low dose method for alleviating at least one symptoms associated with arthritis comprising administering by injection to a subject a fully human anti-TNFα antibody, or an antigen-binding portion thereof, in a low dose of 0.01 - 0.1 mg/kg at a frequency of not more than once per week, such that ~~alleviation of~~ at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity is alleviated, as demonstrable after 10 treatments, wherein the anti-TNFα antibody, or antigen-binding portion thereof, dissociates from human TNFα with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of 1×10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1×10^{-7} M or less.

22. (**Previously Presented**) The method of claim 21, wherein the arthritis is rheumatoid arthritis.

23. (**Canceled**)

24. (**Previously Presented**) The method of claim 21, wherein the symptom is further selected from the group consisting of joint distortion, swelling, joint deformation, ankylosis on flexion, and severely impaired movement.

25-30. (**Canceled**)

31. (**Previously Presented**) The method of claim 15 or 21, wherein the anti-TNFα antibody, or an antigen-binding portion thereof, is administered with an additional therapeutic agent.

32-33. (**Canceled**)

34. (**Previously Presented**) The method of any one of claims 15 or 16, wherein the anti-TNFα antibody, or an antigen-binding portion thereof, is D2E7.

35. (**Previously Presented**) The method of any one of claims 21 or 22, wherein the anti-TNFα antibody, or an antigen-binding portion thereof, is D2E7.

36-41. (**Canceled**)

42. (**Previously Presented**) A low dose method for treating rheumatoid arthritis comprising administering by injection to a subject a low dose of 0.01 - 0.1 mg/kg of a fully human TNFα antibody, or antigen-binding portion thereof, at a frequency of not more than once per week such that the rheumatoid arthritis is treated, as demonstrable by mean arthritic score after 10 treatments, wherein the anti-TNFα antibody, or antigen-binding portion thereof, dissociates from human TNFα with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of 1×10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1×10^{-7} M or less, and wherein arthritis is treated by alleviating at least one symptom selected from the group consisting of joint distortion, swelling of the joints, joint deformation, and ankylosis on flexion.

43. (**Previously Presented**) The method of claim 42, wherein rheumatoid arthritis is further treated by alleviating at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

44. (**Canceled**)

45. (**Previously Presented**) The method of claim 42, wherein the anti-TNFα antibody, or antigen-binding portion thereof, is D2E7.

46-47. (**Canceled**)

48. (**Currently Amended**) A low dose method of improving symptoms in the joints of a subject having arthritis comprising administering by injection to the subject a low dose of ~~about~~ 0.01-0.1 mg/kg of a fully human anti-TNFα antibody, or antigen-binding portion thereof, at a frequency of not more than once per week such that at least one symptom selected from the group consisting of inflammation, cartilage erosion, bone erosion, and vascularity is improved, wherein the anti-TNFα antibody, or antigen-binding portion thereof, dissociates from human TNFα with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of 1×10^{-3} s^{-1} or less, both determined by surface plasmon resonance, and neutralizes human TNFα cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1×10^{-7} M or less.

49-51. (**Canceled**)

52. (**Withdrawn**) A low dose method for treating arthritis comprising administering to a subject etanercept, or an antigen-binding portion thereof, in a low dose of 0.1 - 0.5 mg/kg at a frequency of not more than once per week, such that the arthritis is treated by alleviating at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

53. (**Withdrawn**) A low dose method for alleviating at least one symptom associated with arthritis comprising administering to a subject an effective amount of etanercept, or an antigen-binding portion thereof, in a low dose of 0.1 - 0.5 mg/kg at a frequency of not more than once per week, such that the at least one symptom is alleviated, wherein the at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

54. (**Withdrawn**) A low dose method for treating arthritis comprising administering to a subject etanercept, in a low dose of 0.5 - 1.0 mg/kg, such that the arthritis is treated by alleviating at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

55. (**Withdrawn**) A low dose method for alleviating at least one symptom associated with arthritis comprising administering to a subject an effective amount of etanercept, in a low dose of 0.5 - 1.0 mg/kg, such that the at least one symptom is alleviated, wherein the at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

56. (**Canceled**)

57. (**Currently Amended**) The method of claim 21 or 42, wherein the fully human anti-TNFα antibody, or an antigen-binding portion thereof, is administered in a low dose of ~~about~~ 0.1 mg/kg.

58. (**Currently Amended**) A low dose method for treating arthritis comprising administering to a subject-infliximab, or an antigen-binding portion thereof, in a low dose of about 0.5 mg/kg administered at a frequency of not more than once per week, such that the arthritis is treated by alleviating at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

59. (**Currently Amended**) A low dose method for alleviating at least one symptom associated with arthritis comprising administering to a subject an effective amount of infliximab, or an antigen-binding portion thereof, in a low dose of about 0.5 mg/kg administered at a frequency of not more than once per week, such that the at least one symptom is alleviated, wherein the at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.